COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: This declaration is of the following type: original [] [] design supplemental [] [X] national stage of PCT divisional continuation continuation-in-part (CIP) My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for and for which a patent is sought on the invention entitled: ROTARY FOLDER COMPRISING A CUTTING DEVICE FOR CROSS-CUTTING AT LEAST ONE WEB the specification of which: [] is attached hereto was filed on _____ as [] Application Serial No. and was amended on (If applicable) [X] was described and claimed in PCT International application No. PCT/EP2004/050656 filed on April 30, 2004 and as amended under PCT Article 19 on (if any). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any Amendment referred to above. I acknowledge duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

In compliance with this duty there is attached an information disclosure

[X]

statement. 37 CFR § 1.97.

I hereby claim foreign prior foreign application(s) for particular below any foreign application on which that of the application on which is the second sec	atent or inventor's ion for patent of in	certificate listed below ar ventor's certificate havir	nd have also identified
[] no such applications [X] such applications ha		follows:	
Prior Foreign Application(s	s)		
10319774.5 (Number)	Germany (Country)	2/5/2003 (Day/month/year file	[X] [] d) Yes No
(Number)	(Country)	(Day/month/year file	[] [] d) Yes No
I hereby claim the benefit u Provisional application(s) I		ed States Code, § 119(e)	of any United States
(Application Number)	(F	(Filing Date)	
(Application Number)	(F	(Filing Date)	
I hereby claim the benefit application(s) listed below application is not disclosed the first paragraph of Title disclose all information kn between the filing date of t date of this application:	, insofar as the s in the prior United a 35, United State own to Federal F	subject matter of each of States application in the es Code, § 112, I acknowledge actions, § 1.56 which	of the claims of this emanner provided by owledge the duty to the became available
(Application No.)	Filing D	•	ted, pending, bandoned)
(Application No.)	Filing D	•	ted, pending,

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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